





HAWAII STATE ETHICS COMMISSION
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P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

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STATE OF HAMAII STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly) PART I LOBBYIST NAME(Last) (First) (Middle) TELEPHONE BOLLMEIER WARREN MAILING ADDRESS (Street) 46-040 KONANE PL # 3816
(City) (State) (808) 247-7753 (Zip Code) KANEOHE 96744 EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) TELEPHONE MAILING ADDRESS (Street) FAX (City) (State) (Zip Code)

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY	FOR (Do not abbreviate)	TELEPHONE
HAWAIT RENEWAT	E (808) 247-7753	
MAILING ADDRESS (Street)	FAX	
46-040 KONANE	(808) 247-7733	
(City)	(State)	(Zip Code)
KINEOHE	HI	96744
NAME OF PERSON RESPONSIBLE FOR PRE	PARING ORGANIZATION'S EXPENDITURES STATE	MENT TELEPHONE
LAWRENCE MC	(88) 573-0711	
MAILING ADDRESS (Street)		FAX
46-040 KONANE	PL # 3816	(808) 536-0336
(City)	(State)	(Zip Code)
KANEOHE	HI	96744

PART III DESCRIPTION OF	SUBJECTS UPON WHICH Y	OU EXPECT TO LOBBY	
Agriculture	Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	
DADTIN CERTIFICATION	OF LODBYIOT		
PART IV CERTIFICATION O		- 41 1 1 1 1 1 1 1	
I nereby continy that the ini	rormation turnished above is, to	o the best of my knowledge, cor	rect and complete.
1 //anx 50	llini	11/11/6	15
(Signature of Lobbyist)		(Date	9)
			·
PART V AUTHORIZATION	TO LOBBY		
NAME	T	TILE OF AUTHORIZING OFFICER OF	R PERSON REPRESENTED
LAWRENCE 1	MCCULLY JUDD	, SECRETARY/TH	EASUREL
NAME OF ORGANIZATION (if applicable)		TELEP	HONE
HAWAII REA	EWABLE EVEN	SY ALLANE (808)	1323-0711
MAILING ADDRESS (Street)		FAX	
16 04 - 10 - 10	11 t 01 - # 39.6	100	1536-0536

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

(Signature of Authorizing Officer or Person Represented)

(Date)